

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this form for deaths occurring in hospitals or in institutions. 28251

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo.*

Registration District No. **791**
Primary Registration District No. **7913**

File No.....
Registered No. **7381**
St. Ward)

2. FULL NAME

(a) Residence, No. St. **23** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Walburga Wessels*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 9th 1859*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Day Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *American Red Co*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

13. NAME *Gerhard Wessels*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Emma Gerbes*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *BERNARD H WESSELS.*
(ADDRESS) *2642 OHIO AVE.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peter & Paul* DATE *Aug 29th 1933*

19. UNDERTAKER *W. H. Gibson & Co*
(ADDRESS) *2628 Ferguson Ave*

20. FILED *AUG 27 1933* *J. A. Bredick*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 27th 1933*

22. HEREBY CERTIFY, That I attended deceased from *Aug 24* 19*33* to *Aug 27* 19*33*
I last saw him alive on *Aug 26* 19*33*. Death is said to have occurred on the date stated above, at *5:15 a.m.*

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
Myocardial Infarction
Chronic Hypertension
Atherosclerosis
Date of onset *8-24-33*
2-26-33
Other contributory causes of importance:
Chronic Hypertension
Atherosclerosis
8-1-31
8-1-33

Name of operation *none* Date of

What test confirmed diagnosis? *cause* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *watchman*
(Signed) *W. H. Gibson* M. D.
(Address) *2211 Barnes St. Louis Mo.*

673